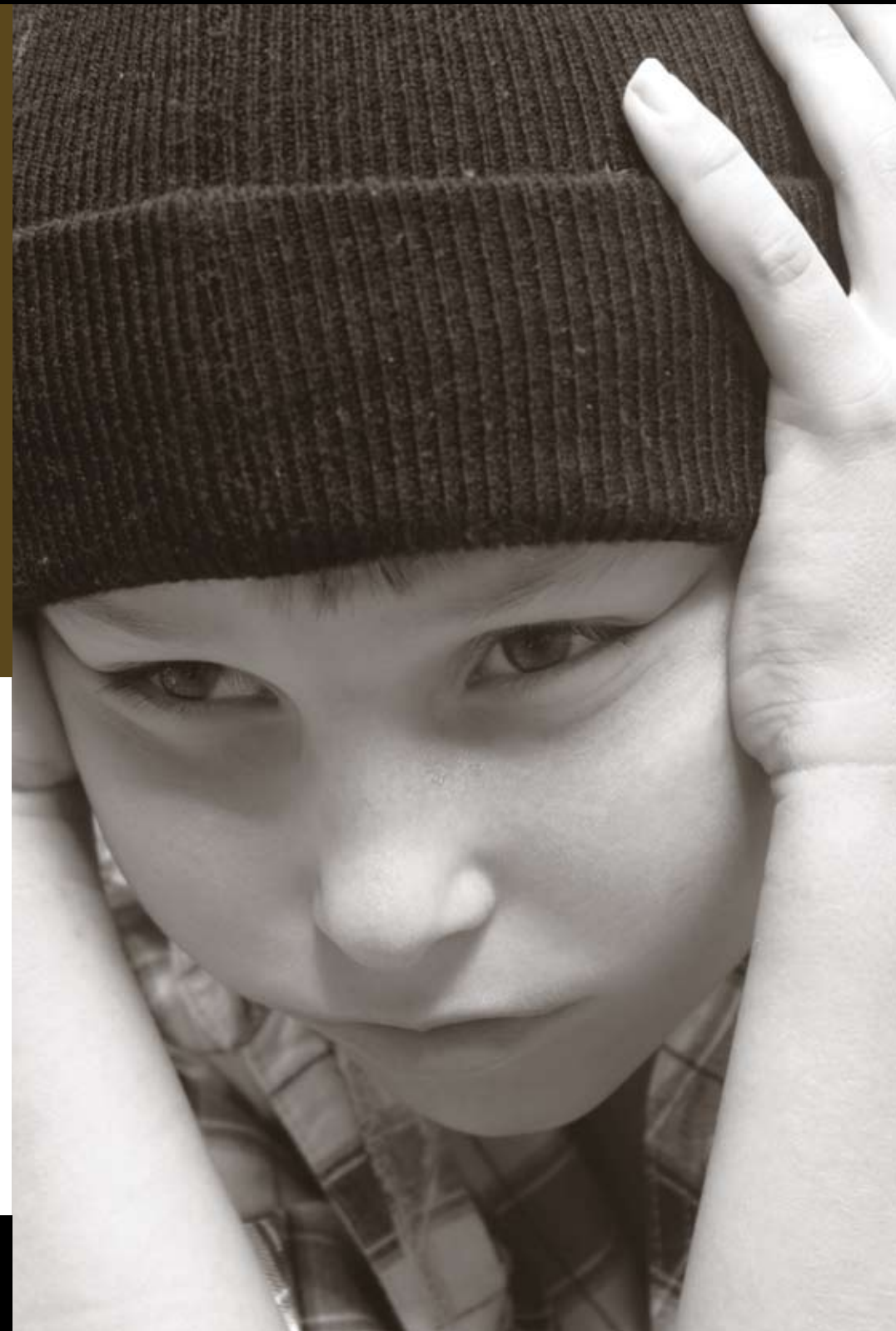


BASELINE DATA REPORT  
*The state of Michigan's Homeless*

January 2006-June 2006



50,692

*is the homeless count in Michigan,  
as of January through June 2006*

See footnote #1

# 50, 692

**We know. It's a big number...and it represents just six months of data collection!**

For years, those in the business of helping the homeless in Michigan have struggled with the lack of accurate data. Not being able to effectively quantify and describe the homeless problem in Michigan made it next to impossible to gain the kind of traction needed to create real and lasting change. Until recently our best efforts were stymied by the lack of a consistent data collection infrastructure and even a common language to describe the homeless.

A little over two years ago, the Michigan State Homeless Management Information System was established. With grants from HUD, the process of installing computer hardware began at hundreds of service entry points across the

state, followed by an intensive process of training on the data collection software and hundreds of hours spent on creating agreement on the language of homelessness. In January of this year there were enough systems operational to begin the statewide data collection and analysis process in earnest.

We believe the time is now to publish this first report, even though later ones will have even more information – there is enough here to inform the public and set the stage for change. The many partners and stakeholders with the greatest stake in finding a new way to help the homeless and ultimately end the state of homelessness in Michigan have already begun to mobilize resources, collaborate across agencies and, most important, launch a statewide Campaign to End Homelessness.

There are many findings in this first statewide report that we hope will serve

to create the will to end homelessness. With over 35,000 individual entries in this baseline report we have the ability to effectively describe in percentiles the “who of homelessness.” The fact that over half of the homeless counted in this six month study were adults in families and families with children is particularly chilling especially because we know that the number of homeless children counted is under-represented. Findings also show us a marked difference between family homelessness and individual homelessness. Demographically speaking most family homeless are young women with children and individual homeless are more often men between the ages of 40 and 50. As to the causes, family homelessness is much more often caused by poverty conditions that will be more difficult to immediately overcome. On the other hand, individual experiencing homelessness often battle

disabilities such as mental illness and substance abuse which can be barriers to secure and permanent housing.

It is our hope that the data you find in this report will be useful, and perhaps even a bit shocking. For us to end homelessness – there must be deliberate, consistent action. It's not time to watch and see what others will do – it's time to look at ourselves. What actions can you take to help end the state of homeless in Michigan?

Respectfully submitted,  
The whole community of advocates and supporters committed to ending homelessness in Michigan

# THE MSHMIS DATA PROJECT

Built on Michigan's extensive Continuum of Care (CoC) development process, a strong culture of collaboration, and two years of planning, 57 of the state's 60 CoCs elected to come together on a single database platform, the Michigan Statewide Homeless Management Information System (MSHMIS), to provide an unduplicated count of the homeless, to measure the patterns of homeless service use, to measure the effectiveness of the services delivered, and finally through improved collaboration, improve the coordination of care for homeless persons. A phased implementation of the database measurement system began in January of 2004 with 13 southern Michigan CoC's including Detroit and concluded in June of 2006 with the final 6 "up north" CoCs. Three Michigan communities, Grand Rapids, Washtenaw and Kalamazoo, were early implementers of an HMIS and their efforts provided a backdrop for the statewide implementation. While Grand Rapids, Washtenaw and Saginaw

are currently operating on a separate platform, they have provided information for this report.

Each CoC is tasked with planning their local implementation to include all those organizations that touch the lives of homeless persons. Today there are over 350 organizations statewide including shelters, outreach programs, supportive housing programs, community action agencies, churches, mental health and drug/alcohol treatment programs, food pantries, a limited number of domestic violence programs and a variety of others that have contact with homeless families and individuals.

## WHAT THE DATA IS NOT

*Projections from HMIS data for the total number of homeless are necessarily tentative. Specifically, the implementation is just 2.5 years old and is not complete for many CoCs. Below is a description of the specific limitation of the current data set.*

*MSHMIS implemented according to a roll-out plan that concluded with the rural upper Michigan CoCs in the spring of 2006. There was limited participation from those agencies/CoCs.*

*Domestic Violence programs are not currently participating, resulting in substantial gaps in coverage especially in rural communities where they are often the only shelter.*

*Routine collection from street outreach programs is incomplete at this time.*

*Veteran prevalence rates are likely to be under-represented as many veterans fail to report their status and federally funded veteran's programs are unable by law to participate in the community measurement process.*

*Children are also under-represented due to reduced entry for families with multiple children by many providers.*

*Finally, many CoCs take several years to complete their roll-out plans and were partially implemented at the time of the analysis.*

*Each CoC provides a coverage estimate that reflects the above gaps and is used to estimate the degree to which the counts represent the total. The report is intended as an initial count and reflects the uncertainties associated with early implementations. The data will be updated routinely as the MSHMIS matures and will reflect improvements in both methodology and coverage counts.*

# METHODOLOGY



The data for this report was analyzed in two ways. First, information was downloaded from an off-system reporting database to ensure unduplication and to allow for regional analysis. Homeless figures from the counties not participating with

MSHMIS – Grand Rapids, Washtenaw and Saginaw – were provided by officials in those regions and integrated into the MSHMIS data.

The second stage of analysis involves the data itself. Any figures in the report are based solely on records entered into the MSHMIS that contain “known” information. Any records that had “null” values or were listed as “unknown” were not included.

A few notes regarding population classifications:

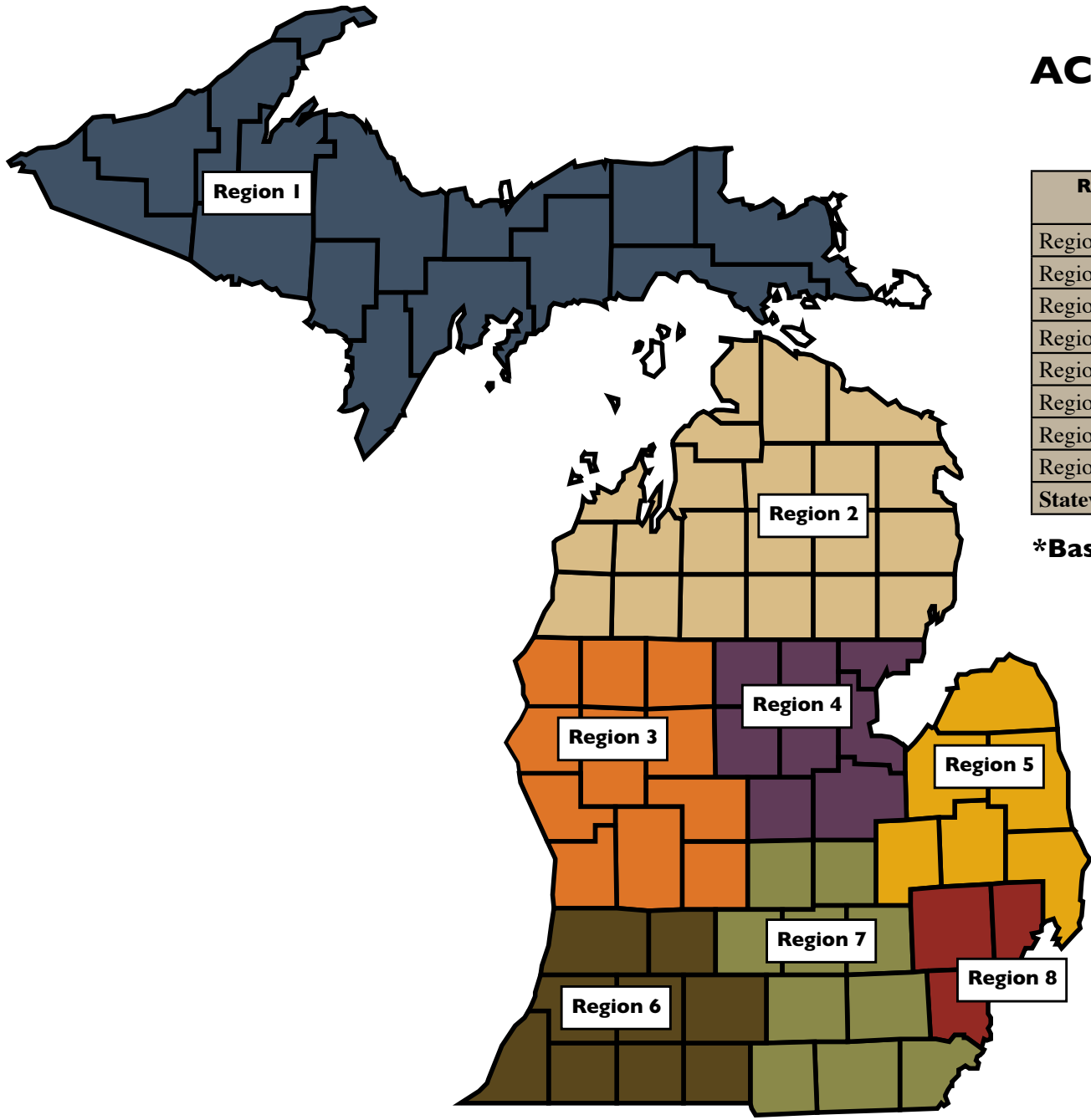
**Disability** – Information on this classification is based on 7,836 records in which disability had been assessed in the course of care. Income data was based on intake information and used to capture the status of the client pre-intervention.

**Homeless** – The projection of total homeless persons for January through June of 2006 were calculated multiplying the actual HMIS count by the most recent coverage estimate. Projections from HMIS data for the total number of homeless are necessarily tentative. Specifically, the implementation is just 2.5 years old and is not complete for many CoCs. The data also doesn’t include the many domestic violence providers throughout the state, and it is an incomplete count of both children and veterans.

**Poverty** – The process for estimating homelessness was based on the number of persons in poverty as described in the National Coalition for the Homeless’s

“How Many People Experience Homelessness” (2006) and is based on the landmark point in time study called “National Survey of Homeless Assistance Providers and Clients” (NSHAPCS). This study identified the prevalence of homelessness among those living at or below the poverty level and found percentages to range from 6.3 percent at one point in October 1996 to 10 percent in February 1996. These percentages were applied to Michigan’s 2003 poverty estimates by region and yield the annual estimates.

*Complete Methodology may be found at  
<http://www.mihomeless.org>*



## ACTUAL HALF-YEAR HMIS COUNTS

Region	Avg Est Coverage	Total Homeless	Chronic Homeless	Adults in Families	Adult Singles	Children in Families	Unaccomp Youth
Region 1	11.0%	353	24	96	153	101	3
Region 2	42.5%	806	89	211	356	238	2
Region 3	49.1%	2409	79	490	1279	561	81
Region 4	15.6%	1399	22	130	92	162	2
Region 5	49.5%	1576	182	303	763	455	67
Region 6	68.0%	3425	232	1076	1032	1327	13
Region 7	71.9%	6051	437	1532	2322	2155	65
Region 8	78.3%	15928	1856	3760	7124	4969	198
Statewide	63.6%	32240 <sup>2</sup>	3023	7760	11950	10194	534

**\*Based on Population Data**

*“We are finding there are homeless individuals and families in every part of the state. Our response must be delivered in the same manner.”*

— Sally Harrison, Director  
Office of Supportive Housing  
and Homeless Initiatives, MSHDA

## FAMILY HOMELESSNESS



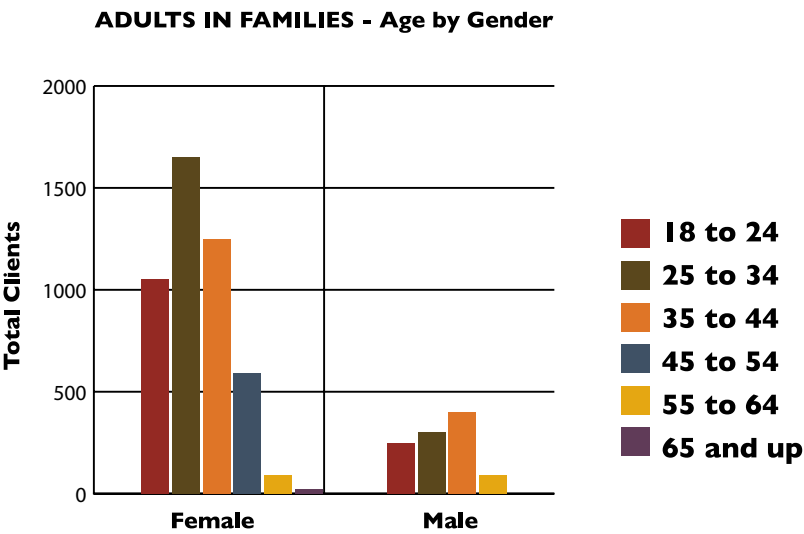
*“My problem was taking my kids to a shelter. I’ll go anywhere, I didn’t want my kids in that environment, but I made that call and it turned everything around. I got comfortable with being uncomfortable, until I realized there were other options. Now I wish I had done it before because the shelter was better than being at home with my husband.”*

— Mother of two, homeless victim of  
domestic violence/Dearborn

ABOUT FAMILIES

**56%** of actual homeless in Michigan  
are adults and children in families

**17,954** *Total Homeless Persons in Families Served from January 1 – June 30, 2006*



*Single mothers and children are the fastest growing sub-population of homeless.*



**59%** are Single Female  
Head-of-Household Families

**56%** of homeless persons in families were children;  
most under the age of **10**.

**1/3** of Homeless Families are **Working Poor**

**36%** have incomes less than **\$500** or less per month, the average income for homeless families was \$806 per month.

**The top three sources of income are: work, food stamps and TANF**

**38%** have not completed high school or a GED

Poverty is the greatest cause of homelessness among families.

**44%** of homeless families have experienced homelessness more than once.

**19%** of homeless adults reported a disability

Among Those with Disabilities, Most Common Disabilities	Overall Families
Chronic Illness/Physical	30%
Mental Illness	28%
Drug Abuse	9%
Physical/Mobility Limits	8%
Alcohol Abuse	6%

## HOUSING ISSUES

Eviction

Foreclosure

No affordable housing

Substandard housing

Utility shut-off

**50%**

## CHRONIC ILLNESS/ DISABILITY WITHIN THE FAMILY

**17%**

## EMPLOYMENT ISSUES

Loss of job

Underemployment

**30%**

## REASONS FOR FAMILY HOMELESSNESS

### CONFLICT

Domestic Violence

Divorce

Land/Tenant disputes

**12%\***

### OTHER

Fire

Dislocation because of Katrina

Loss of public assistance

Loss of transportation

Child care expenses

*\* Domestic Violence is under-represented in the data set as domestic violence providers are not currently participating in the measurement project.*

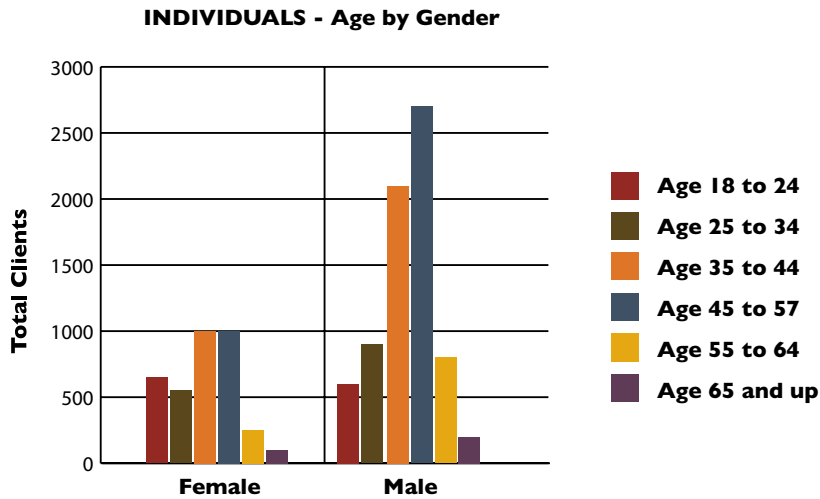
## INDIVIDUAL HOMELESSNESS

*“I would work all week, pay my bills, and have six dollars left over at the end of the week. But, I made too much so nobody could help me. I just wanted to get out of the system.”*

— Homeless consumer comment during  
Michigan focus group study



# ABOUT INDIVIDUALS



**66%** are men primarily in their 40's and 50's

**11,950** Adult Homeless Singles and **534** Unaccompanied Youth served in January 1 – June 30, 2006

*Individual homeless are more likely to be men, many with disabilities.*

**41%** have no income at intake.

**69%** have incomes of less than **\$500** per month.

ABOUT INDIVIDUALS

**18%** are employed.

**15%** receive SSI.

**There are many more individuals that qualify,  
but do not claim this benefit.**



*Very few homeless individuals are employed.*

Individuals report disability as a cause **3x**  
more than families.

Among Those with Disabilities, Most Common Disabilities	Overall Individuals
Mental Illness	26%
Drug Abuse	25%
Alcohol Abuse	21%
Physical/Medical	14%
Physical/Mobility Limits	4%

**HOUSING ISSUES**

- Eviction
- Foreclosure
- No affordable housing
- Substandard housing
- Utility shut-off

**38%**

**DISABILITY OR HEALTH CONDITION**

**21%**

**REASONS FOR INDIVIDUAL HOMELESSNESS**

**EMPLOYMENT ISSUES**

- Loss of job
- Underemployment

**31%**

**OTHER**

- Fire
- Dislocation because of Katrina
- Loss of public assistance
- Loss of transportation
- Child care expenses

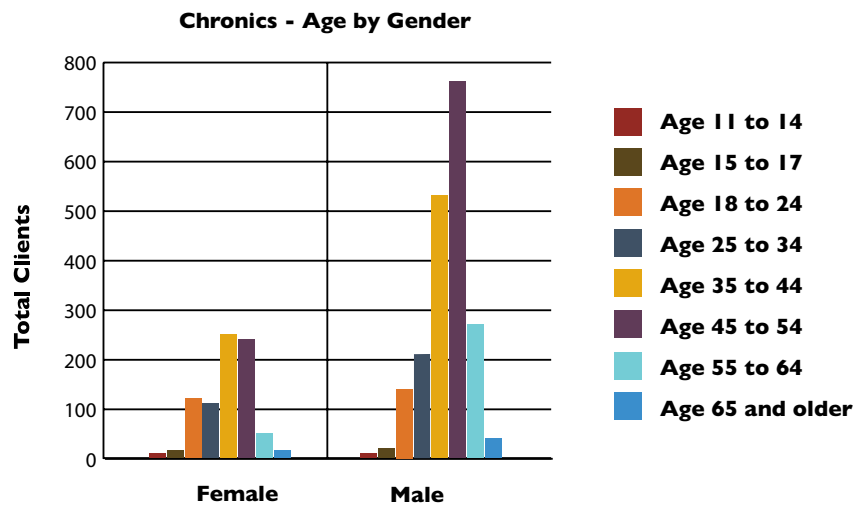
## CHRONIC HOMELESSNESS



*“I found help by accident or by divine intervention. They say “come down” but it takes a lot of work to get around. Then you go down in the rain using your last bus ticket and then they tell you that you need to be somewhere else. It’s work to get somewhere when you’re homeless.”*

— John Doe/Detroit

# ABOUT CHRONIC INDIVIDUALS



**70%** are men between 45 and 54

**3,023** served between January 1 – June 30, 2006\*

**\*Surprisingly, there are some unaccompanied youth that meet the criteria for being chronically homeless.**

*All chronically homeless individuals have disabilities of a long duration.*



**14%** of chronically homeless individuals are veterans.

**100%** Have a long history of being homeless.

Only **15%** report any earned income.

75% have less than \$500/month income.



*Multiple disabilities are often reported among the chronically homeless.*

**100%** Have a disability of long duration.

Type of Disability	Overall Chronically Homeless
Drug Abuse	27%
Mental Illness	24%
Alcohol Abuse	24%
Physical/Medical	12%
Physical/Mobility Limits	4%



## CHRONIC INDIVIDUAL HOMELESSNESS

“ The absence of any systematic and systemically consistent approach to delivering information and services to consumers is requiring the fragile, most vulnerable consumer to become the expert at navigating their own case management. In the case of the most chronically homeless, this is simply asking the impossible.”

— Excerpt from focus group research study on the chronic homeless in Michigan

## AT RISK FOR HOMELESSNESS



*“Just about the time our new baby Frankie was born last winter I lost my job. Naturally, my wife missed work too . . . So we fell behind in our rent. Making up the three months back rent has been hard. A social worker told us that if we had a court-ordered eviction notice we could get some help. My landlord had to spend 600 bucks in legal fees to get that notice and we had to go to four agencies and the local church to apply for help. We really appreciate the help . . . who knows where we would be without it, but I have to wonder if there is a better way?”*

**— Tony F./Lansing**

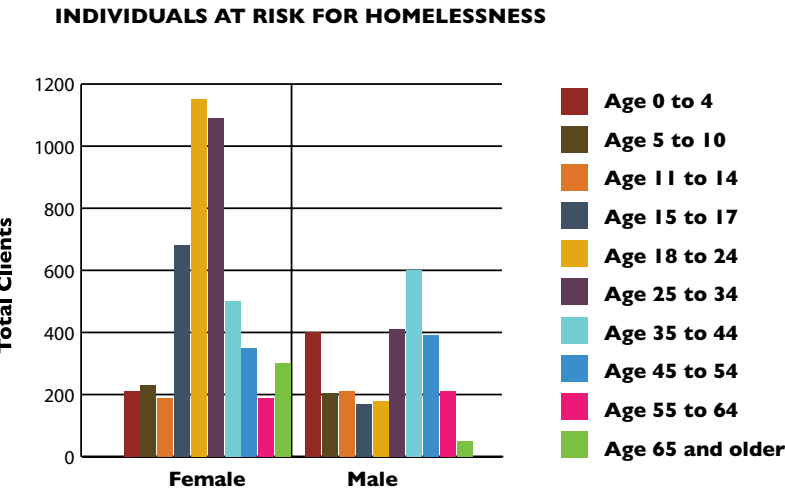
ABOUT FAMILIES AND INDIVIDUALS AT RISK FOR HOMELESSNESS

72% Are Living in Families

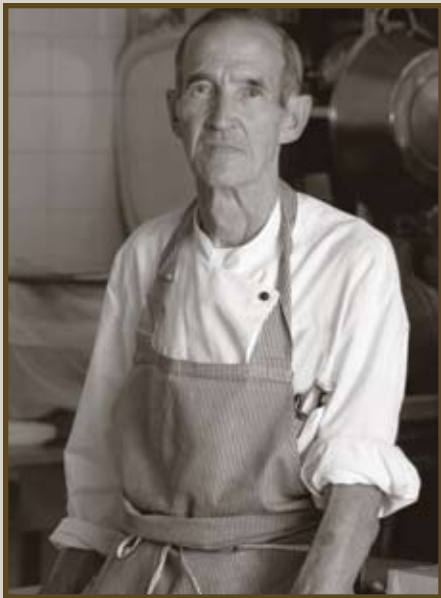
37% are single female head-of-households

35% are two-parent families

8,563 Adults and children at risk of homelessness were served from January 1 – June 30, 2006



Singles or families at risk are not in shelters, but are experiencing a housing crisis.



38% are employed.

MANY persons at risk of being homeless are being sheltered by family or friends.

37% Have incomes of less than \$500 per month

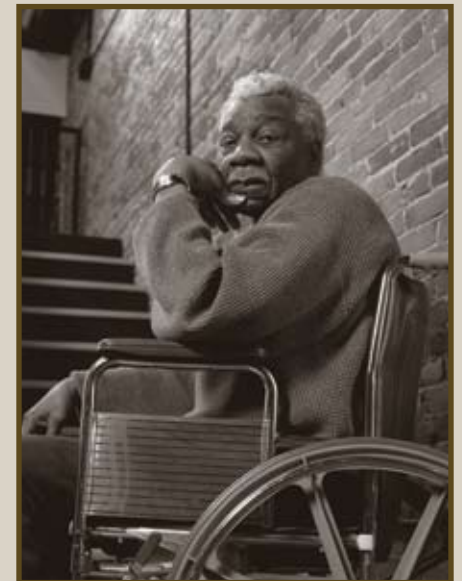
## ABOUT FAMILIES AND INDIVIDUALS AT RISK FOR HOMELESSNESS

In **rural communities**, there are

**FEW** options for formal sheltering for families and individuals in need of assistance.

*By definition, most at risk clients are more likely to be found in rural settings.*

**22%** of those at risk of homelessness have a documented disability of long duration.



# CROSS POPULATION COMPARISON TABLE

ADULT CHARACTERISTICS:	FAMILIES	SINGLES	CHRONICS	OVERALL HOMELESS	AT-RISK
Single Female Head of HH	59%	NA	NA	NA	37%
Two Parent HH	16%	NA	NA	NA	35%
Employed at Intake	32%	18%	15%	24%	38%
Documented Eviction	33%	15%	10%	23%	36%
Average Income <sup>4</sup>	\$867.06	\$452.90	\$395.50	\$592.99	\$819.33
Mo. Income of less than \$500	36%	69%	75%	59%	37%
Presence of Disability of Long Duration <sup>5</sup>	19%	62%	100%	46%	22%
First Time Homeless	56%	39%	0%	46%	NA
1 or 2 Times Homeless in the Past	34%	36%	0%	35%	NA
Homeless Multiple Times &/or Long Duration	10%	27%	100%	21%	NA
GED or High School Diploma (no college)	39%	43%	41%	41%	17%
At Least Some Collegeor Technical School	25%	23%	22%	24%	25%
Reported That They Were Veterans <sup>6</sup>	4%	12%	14%	9%	5%

*A variety of other key characteristics was analyzed for adult clients by houshold category and is presented below. This table further reflects the divergence between homeless Individuals and Families.*

## AS THE DATA MATURES

*More communities/providers will come online, meaning the estimates will improve and stabilize.*

*When we are no longer adding substantial numbers of providers entering data into the system, changes seen in the data will be a true reflection of changes in the homeless population.*

*The southern part of Michigan expects to have a mature data set within 6 months. It will be 6 to 12 months for the balance of the state to finish full implementation.*

*Reporting in rural settings will likely show more families with children, single women and intact family groups.*

*Ethnic data will be a more accurate reflection of the whole state.*

*Children experiencing homelessness will be more accurately reflected in the data.*

*Mature data with actual numbers will allow for calculations on care system uses and burdens. (health, emergency services, jail)*

*Individual Cof C's will be able to access data to provide local snapshots, as well as to track progress related to Plans to End Homelessness.*



*“We’re at the crossroads, what are we going to do? Detroit has the highest unemployment rate in the state. It’s not just housing, it has to be affordable housing that is decent and safe with supportive services. You have to have staff to do that.”*

**— Homeless Provider/Detroit**

# DEFINITIONS

**Continuum of Care (CoC):** The Continuum of Care is a community planning group charged with creating a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The plan includes action steps to end homelessness. CoCs may organize around a city, a county, or multiple counties. In Michigan there are 60 CoCs.

**Persons in Families:** includes the following constellation of persons living together: two parent family, female single parent, male single parent, foster parents, couple (parent and friend) with children, grandparent(s) and child, couple with no children, non-custodial care givers.

**Individuals:** includes those clients who report that they are living alone as a single adult or as an unaccompanied youth.

**Homeless:** A homeless person is someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without HUD’s homelessness assistance.

**Chronically Homeless:** An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. The individual must have been on the streets or in an emergency shelter (not transitional housing) during these episodes.

**At-Risk:** At risk persons are those who do not meet the definition of homeless, but are experiencing a housing crisis. These include individuals who are temporarily living with family and friends due to a housing crisis and/or are spending 50% or more of their income on housing. The vast majority of these individuals are also poor.

**Disabilities:** includes mental illness, drug abuse, alcohol abuse, dual diagnosis, physical/ medical (chronic illness), physical/ mobility, developmental, vision impaired, hearing impaired, HIV / AIDS, learning, and other.

*“I’m having a spell, but I can work, I can do something, I want to support myself. I’d like to have a business, I’d like a computer to have my business, I’d like to get my associate’s and write things.”*

— Jane Doe/Grand Rapids



# FOOTNOTES

**1** Projections were based on coverage estimates submitted by each CoC who began entering data prior to 1/1/2006. Coverage estimates reflected the lack domestic violence program data, as well as the age of the implementation within each region.

**2** To insure proper unduplication, 787 records with insufficient identifying information were excluded from the analysis. Additionally, the sum of the total adults (individual/singles and in families) plus the number of children (in families and unaccompanied youth) will exceed the overall unduplicated count. For example, an individual may present in February as a member of a family, but be single in a June contact. They would, therefore, be counted as both a family member and as an individual/single during the report period, but only counted once in the overall total.

**3** Domestic Violence is under-represented in the data set as domestic violence providers are not currently participating in the measurement project.

**4** Income averages were calculated using income values reported at intake.

**5** The overall statewide prevalence of disabilities among homeless and at-risk population is influenced by combining data from a diverse set of programs some of whom do not establish long term relationships and therefore the necessary trust for valid disability data. As the implementation ages, we should be able to build sample sites for disability data allowing for a more accurate count.

**6** The prevalence of veterans among the homeless and at-risk is influenced by the lack of the federally funded veterans programs (currently precluded by law) and by the hesitancy of many veterans to reveal their veteran status.

**7** The complete Michigan Homeless Summit, Baseline Study Methodology may be found at <http://www.mihomeless.org>



**8** The Coverage Estimate Logic Tool and instructions provided to all CoCs to help them estimate quarterly their coverage rate may be found at <http://www.mihomeless.org>

**9** National Coalition for the Homeless, How Many People Experience Homelessness? June 2006. Available from the National Coalition for the Homeless, 2201 P. St. NW, Washington, DC 20037. or on the website at <http://www.nationalhomeless.org>

**10** Urban Institute, A New Look at Homelessness in America. February 01, 2000. Available from the Urban Institute, 2100 M Street, N.W./ Washington, DC 20037, <http://www.urban.org/publications/900366.html>

**11** US Census Bureau, Small Area Income & Poverty Estimates, Estimates for Michigan counties, 2003 at <http://www.census.gov/cgi-bin/saipe/saipe.cgi>

## CAMPAIGN TO END HOMELESSNESS PLEDGE

*In 2006, we begin the Campaign to End Homelessness in Michigan.*

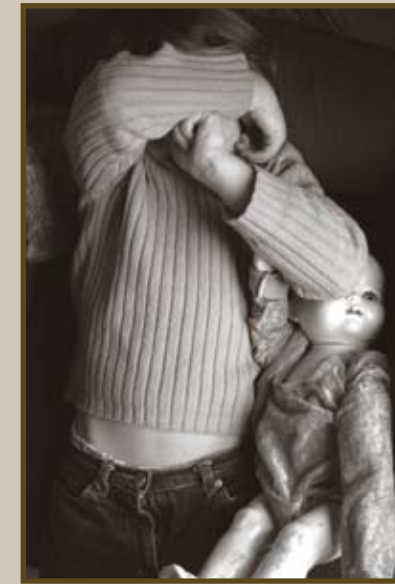
*We believe housing should be a right, and the elimination of homelessness is an achievable goal: no man, woman, or child should be forced to sleep on the streets, in the woods, or on a cot in a shelter on any night, in any town or city in Michigan.*

*Together, we will end homelessness by providing the poorest members of our society with the housing, services, and income supports they need in a time frame they deserve. To achieve our vision, we commit to articulate, embrace and implement local "Plans to End Homelessness" across our entire state.*

*Our Campaign must span all interested constituent groups: shelters, housing providers, service providers, state and local agencies, foundations, businesses, and private citizens. We understand that no one party is more important than the other — an enduring commitment by all is a precondition of achieving our vision. And our effort must secure and maintain extraordinary commitments at the local, regional and state levels. We will use the best data, provide the best technical assistance and training, and continually search across the country for the best evidence-based practices to bring to Michigan. We will regularly measure our progress, and continuously make any needed changes to improve our systems of care, which lead to the elimination of homelessness.*

*In the end, we will realize our vision of ending homelessness in Michigan because the collective capacity of our compassion is greater than the depth of this challenge.*

*With my signature today, I endorse the Vision Statement of the Michigan Campaign to End Homelessness and commit to work together as a partner in our statewide commitment to end homelessness in Michigan within 10 years.*





At the center of our response is the Michigan Campaign to End Homelessness. It begins with over 60 community ten year plans that have been authored by local collaborative groups across the state. These individual plans were delivered to representatives of not only the four major state agencies with the most at stake for ending homelessness – Michigan State Housing Development Authority, Department of Human Services, Michigan Department of Community Health and the Department of Corrections – but also the Director of the United States Interagency Council on Homelessness.

With these individual plans answering many questions on a local basis, the collective information will merge with existing initiatives that include ten specific programs that provide housing assistance, comprehensive models for collaboration at the state level, special efforts to address some of the most under-served or difficult to house segments of the population such as youth aging out of foster care and prisoners re-entering communities, and homeless veterans. Special funding for initiatives targeting the chronically homeless, families with children, youth, and victims of domestic violence will challenge our local partners to find ways to combine support services with housing solutions.

## M I C H I G A N ' S      R E S P O N S E

Because access to information is so critical to any cross-agency statewide efforts on social issues, there are several data projects designed to create real-time answers, overcome duplications and offer access to needed information for consumers – including the source for this Baseline Data Report, the Michigan Statewide Homeless Management Information System. We continue our quest for information by establishing a website to inform, motivate and track progress on the individual community Ten Year Plans to End Homelessness.

Quantifying the many support services and resources available to the homeless will help us find new ways to help consumers access those supports efficiently and effectively. And, because ending homelessness in Michigan is everyone's job, plans to roll out a community outreach plan called Project Homeless Connect will help draw in not only those homeless that need our help, but the legions of private citizens, faith-based groups and community leaders that will ultimately impact our ability to succeed. At the same time, constituent organizations across the state including state agencies to local leaders will be asked to pledge their commitment to the process of ending homelessness, for one simple reason – it is the right thing to do.



## M E M B E R S   O F   T H E   M E D I A

*We know your time is limited and that you report on dozens of stories every week which deserve your best attention. As you consider this Baseline Data Report on the state of Michigan's Homeless, please remember that the facts that you will find in this report - and the source research - contain facts on this critical social issue that cut across any number of potential stories.*

*Homelessness is not just about the stereotypical chronic homeless guy pushing a grocery cart full of belongings. It's about jobs, wages, extreme poverty, families, health care, medical crisis, mental illness, substance abuse, education, landlords and housing.*

*In Michigan, we are embarking on the most ambitious plan to end homelessness any state has ever seen. In fact, our plans are so big that they are gathering national attention within the industry.*

*Our big plans will mean nothing without your support. We ask that you not only give it your most thoughtful reporting skills, but that you also give it the compassionate consideration of a media champion.*

*For more information about this research and process: <http://www.helpdesk@mihomeless.org>*

*For more information about the Campaign to End Homelessness:*

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